

## National Older Worker Career Center National Older Worker Career Center Enrollee Local Travel\* & Expendable Supplies Expense Statement Submit Statement Within 30 Days From Last Day of Travel

\* Travel less than 12 hours.

I. IDENTIFICA	TION				
Enrollee Name (Legal Name)		Street Address		Enrollee Office Phone #	Ext. #
Six Digit Project #		City, State & Zip Code		Mail Direct Dep	osit
II. TRAVEL EX	PENSES				
Date	Purpose		From	То	No. of Miles
					February Miles
					Total No. of Miles red Rate per Mile
					nount for Mileage
III. MISC. ITEMS (For supplies with an item cost of \$50 or more, letter of pre-approval from monitor must be attached)					Amount
Total Misc. Items					
IV. TOTAL EXPENSES  Add Total Amount for Mileage and Total Misc. Items  V. APPROVALS					tal Misc. Items
Certification:					
I CERTIFY THAT THE AMOUNTS CLAIMED AND ATTACHED RECEIPTS REPRESENT NECESSARY EXPENSES INCURRED BY ME WHILE ENGAGED IN NOWCC BUSINESS					
Enrollee Signature Date					
Agency Authorized Signature Date					
				bute	
Agency Autho	rized Signatory Name (Please print)				
Accounting Use	Only				
Amount:	Ir	nvoice#:	Acc	count #:	
Direct Deposit:	Yes No				
Acct'g Approval	:		Date:		